

LETTERS *to the Editor*

Some Order from Chaos

TO THE EDITOR: I would like to compliment you on your recent, well written editorial entitled, "From 'Crisis' to Chaos to What?" [Calif Med 119:52-53, Nov 1973]. Any physician who has been engaged in the day-by-day care of medical diagnosis and treatment knows that the situation has indeed become more and more chaotic. The ultimate to that would be collapse with the physicians being incapable of handling the main business at hand, trying to get people well, and perhaps opt for complete salaried physicians in our hospitals. Of course this will not solve the problem at all. There is no way of financing and figuring costs of medical diagnosis and treatment without figuring the number of patients to be seen during a fixed period, the number of beds occupied, et cetera. This is how budgets are figured for all governmental hospitals. Waiting lists and control of patients will then become the order of the day. Unfortunately, the public and their elected representatives are completely naive about this.

The medical society could do something to eliminate some of the chaos and some of the excessive cost by forcing such simple things as unified billings and insurance processing, particularly with the use of the computer. This technology is already at hand and I understand there is one large group in the state that has forced such a system through. In other words, the statement with the diagnosis becomes the insurance form and every insurance carrier, be it public or private, uses it. The recent study by Dr. John Knowles shows that administrative costs in medical care have risen twice as fast as any other costs. It is obvious to anyone, whether in private or institutional practice, that private insurance carriers, Blue Cross, CPS, Medi-Cal, CHAMPUS, industrial accident carriers, Crippled Children's Services, have their own particular requirements for their own forms and methods of billing. To me this is an inexcusable waste and has resulted in an inordinate amount of paper and complexity leading to chaos. You don't have to have a graduate degree in economics to see the effect of this and

the geometric proliferation of administration on its concomitant high costs in the medical care system.

The insurance companies and the governmental agencies responsible as third party carriers are operating circa 1930. There is no reason for them not to issue something like a credit card to the patients who are covered. Such a system is being used now in the province of Quebec in Canada.

It would seem to me that the California Medical Association ought to ask the California State Legislature to appoint a commission to intensively study and conduct hearings on the chaos and the costs of administering medical care in 1973. Legislators and the public need education on what is really going on. I am certain that if the legislators had known of the enormous complexity, the vagaries, and the projected costs of the PSRO's, they would never have voted for them in the first place. The majority of the public and their elected representatives do not really know how they are the ones who are going to be controlled.

Your editorial pin-points the current state of affairs. If you have any influence at all on the CMA I think that you might encourage practical action now in attempting at least a partial solution to some of the chaos we are now in, by calling for the reform of insurance claim processing.

Thank you for this opportunity in writing and for your editorial.

EUGENE E. BLECK, MD
Hillsborough, California

Editorial Note: The problem extends far beyond California. —MSMW

Poison Hemlock

TO THE EDITOR: In the case report [Costanza DJ, Hoversten VW: Accidental ingestion of water hemlock. Calif Med 119:78-82, Aug 1973] Doctors Costanza and Hoversten have attributed the poisoning in their two patients to *Cicuta virosa*. The photograph accompanying the article is unquestionably that of *Conium maculatum*, commonly known as Poison Hemlock. The discussion states that the children confused the hemlock with "wild anise" more commonly known as fennel. The growth characteristics of *Conium maculatum*

and fennel are very similar in that they tend to grow in fields and not particularly in marshy areas. It would be more likely, therefore, that *Conium maculatum* would be ingested mistakenly than the *Cicuta* species. Further investigation reveals that *Cicuta maculata* which was apparently identified as the ingested plant does not even grow in California, its range being limited to the eastern United States, Canada, Missouri and west as far as Texas. The species of *Cicuta* that grow in California are *Cicuta California* and *Cicuta douglasii* and in a small area around Suisun Bay, a third species, *Cicuta voanderli*. None of these could conceivably be mistaken for *Conium maculatum*.

It is possible that the text is all correct and that there was merely a substitution of an incorrect photograph, however, my feeling is that the poisoning was mis-diagnosed as water hemlock poisoning when, in fact, it was poisoning by Poison Hemlock, *Conium maculatum*.

This becomes important in that the toxic components of the *Cicuta* is a resinoid while the toxic component of *Conium* is an alkaloid. Circular 530 from California Agricultural Extension Service reviews extensively the identification and control of poisonous hemlocks in California.

THOMAS O. SCHMIDA, MD
Santa Cruz

REFERENCES

1. Kingsbury JM: Poisonous Plants of the United States and Canada. Prentice Hall, 1964, pp 373-383
2. Tucker JM, Fowler ME, Harvey WA, et al: Poisonous hemlocks, their identification and control. California Agricultural Circular No. 530

* * *

The Author Replies

In an attempt to obtain a clear photograph of the plant water hemlock, I asked a friend who is a ranger at Point Reyes National Seashore to photograph the plant for me. This was the photograph that I submitted. Unfortunately, although we discussed water hemlock, he photographed *conium maculata*, poison hemlock. Not being a botanist I did not recognize this problem at the time. I still have photographs of the original tubers which Dr. Constance helped us identify. These are water hemlock.

[As to the toxicology report] specifically, we asked for identification of water hemlock but a test for conine was serendipitously performed . . . Conine was not present in the gastric contents. We specifically identified the plant as *cicuta virosa* not *cicuta maculata*. However, in our discussion

on page 81 while attempting to show that the poisonings of *cicuta virosa* are like that of *cicuta maculata* and *cicuta vagans* we parenthesized the latter two. Hence, it may appear that we were equating these three but in reality we were trying to show their similarities.

I have reverified with Dr. Constance, Professor of Botany at University of California-Berkeley, that the plant these boys ate was indeed water hemlock of the *cicuta* species. He informs me that *cicuta virosa* is the old world term and this species may now be known locally as *cicuta douglasii*. He stated that I might quote him as to the truth that water hemlock grows abundantly in California in marshy areas. The National Park Services' botanist at Point Reyes National Seashore also verifies that water hemlock is abundant here and there are several species in this area.

Let your readers be assured that the poisoning in question and the effects described were due to water hemlock or *cicuta* species toxicity. This plant grows abundantly in California.

As suggested by Dr. Schmida the photograph was in error. The poisoning, however, was not. Specifically we feel that all physicians in this state should be aware of this poisoning and also this plant which grows in abundance in California.

DAVID J. COSTANZA, MD
San Francisco

Acupuncture and the Law

TO THE EDITOR: I have just learned of the efforts of a law firm in San Francisco to contact many of the physicians in this state to enlist their support in a suit against the Board of Medical Examiners and the Attorney General of the State of California, seeking a court decision to allow the use of non-MD acupuncturists. While I do not question the motives of these attorneys or their clients, the cover letter and the "Draft Complaint" which are being circulated raise some questions which I think must be carefully considered by both plaintiffs and defendants, as well as those who are so far uncommitted or uninvolved. The answers to these questions have major implications for the practice of medicine and the utilization of acupuncture in the United States.

The essence of the argument appears to be that acupuncture, as a new and unfamiliar arrival on